

<i>SERFF Tracking Number:</i>	<i>HCAS-125266001</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025849</i>
<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Filing at a Glance

Company: Ohio Security Insurance Company

Product Name: Comm Auto Strategic Form SERFF Tr Num: HCAS-125266001 State: Arkansas

Filing

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025849

Sub-TOI: 20.0003 Other

Co Tr Num: CL20070065 - F

State Status: PENDING FEES

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Debbie May

Disposition Date: 08/23/2007

Date Submitted: 08/21/2007

Disposition Status: Approved

Effective Date Requested (New): 10/01/2007

Effective Date (New): 09/01/2007

Effective Date Requested (Renewal): 10/01/2007

Effective Date (Renewal):

09/01/2007

General Information

Project Name: Comm Auto Strategic Form Filing

Status of Filing in Domicile:

Project Number: CL20070065 - F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/23/2007

State Status Changed: 08/22/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Ohio Security Insurance Company, a member of the Ohio Casualty Group, has entered into a partnership with Strategic Program Managers, Inc (Strategic) to write Primary Auto Liability, Non Trucking Liability and Physical Damage Coverage for certain trucking operations.

Ohio Security is a subscriber of Insurance Services Office, Inc for Commercial Automobile forms. Ohio Security will be adopting the most recent multistate forms approved for ISO for this program. In addition, we will adopt the most recent Arkansas state exceptions to the ISO forms.

<i>SERFF Tracking Number:</i>	<i>HCAS-125266001</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025849</i>
<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Ohio Security has given ISO filing authorization for forms. In addition, Insurance Services Office will also be used as our statistical reporting agency.

This program will be a mixture of ISO forms, exceptions to ISO forms, and independent forms.

We plan on using a combination of ISO's most recent forms filing contained in ISO's filing designation number CA-2005-OFR01 and CA-2005-OFR01.

This filing will be applicable to all new business written on or after October 1, 2007.

Company and Contact

Filing Contact Information

Debbie May, Product Staff Underwriter	Debbie.May@ocas.com
9450 Seward Road	(800) 843-6446 [Phone]
Fairfield, OH 45014-5456	(513) 603-3121[FAX]

Filing Company Information

Ohio Security Insurance Company	CoCode: 24082	State of Domicile: Ohio
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0541777	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
21568626	\$50.00	08/20/2007

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<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/23/2007	08/23/2007
Approved	Llyweyia Rawlins	08/22/2007	08/22/2007

<i>SERFF Tracking Number:</i>	<i>HCAS-125266001</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025849</i>
<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Disposition

Disposition Date: 08/23/2007

Effective Date (New): 09/01/2007

Effective Date (Renewal): 09/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HCAS-125266001 State: Arkansas
Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849
Company Tracking Number: CL20070065 - F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Common Policy Dec	Approved	Yes
Form	Truckers Cov Form Dec	Approved	Yes
Form	Truckers Cov Form Dec	Approved	Yes
Form	Driver Schedule Supplement	Approved	Yes
Form	Equipment & Coverage Schedule Supplement	Approved	Yes
Form	Fleet Application	Approved	Yes
Form	Policy Changes Endt	Approved	Yes
Form	Additional Named Insureds	Approved	Yes
Form	Aggregate Deductible	Approved	Yes
Form	Monthly Reporting - Phys Damage (1/end of month)	Approved	Yes
Form	Composite Rate Endt	Approved	Yes
Form	Composite Rate Endt - Liab	Approved	Yes
Form	Blank Endt	Approved	Yes
Form	Application for Non-Fleet Non-Trucking Liab & Phys Damage	Approved	Yes
Form	Fleet Application	Approved	Yes
Form	Leased/Operators Fleet Application	Approved	Yes
Form	Enrollment Form For Leased Operators	Approved	Yes
Form	Application and Enrollment Form for Owner/Operators	Approved	Yes
Form	TRuckers Ins For Non-Trucking Use - Cert of Ins	Approved	Yes
Form	Notice of Cancellation/Non-Renewal	Approved	Yes
Form	Final Notice of Cancellation	Approved	Yes
Form	Motor Carrier Deductible Endt	Approved	Yes
Form	Truckers Supplemental Cov Endt	Approved	Yes
Form	Cover Sheet	Approved	Yes
Form	Exclusion of Named Driver	Approved	Yes
Form	Limits of Insurance Amendment	Approved	Yes

SERFF Tracking Number: HCAS-125266001 State: Arkansas
Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849
Company Tracking Number: CL20070065 - F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Form	Tarpaulins, Chains and Binders Cov	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/18th)	Approved	Yes
Form	Monthly Reporting - Liability (1/18th)	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/End of Mth)	Approved	Yes
Form	Monthly Reporting - Liability (1/End of Mth)	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/10th)	Approved	Yes
Form	Monthly Reporting - Liability (1/10th)	Approved	Yes
Form	Composite Rate Endt	Approved	Yes
Form	Composite Rate Endt - Liability	Approved	Yes
Form	Gross Receipts Reporting Endt	Approved	Yes
Form	Mileage Reporting Endt	Approved	Yes
Form	Power Unit Reporting Endt	Approved	Yes
Form	Driver Limitation Endt	Approved	Yes
Form	Trailer Exchange Endt	Approved	Yes
Form	Notice of Reinstatement	Approved	Yes
Form	Comm Auto Phys Damage Ded Waiver	Approved	Yes
Form	Truckers - Ins for Non-Trucking Use Ind Policy	Approved	Yes
Form	Master Policy Endt - Addl Definitions	Approved	Yes
Form	Truckers - Ins for Non-Trucking Use Master Policy	Approved	Yes
Form	Theft Endt - Physical Damage	Approved	Yes
Form	Supplemental Auto Cov - Physical Damage Part 1	Approved	Yes
Form	State Limit of Liability - Physical Damage	Approved	Yes
Form	Certificate of Ins - Liab	Approved	Yes
Form	Certificate of Ins - Physical Damage	Approved	Yes
Form	Physical Damage Cov - Certificate of Ins	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>HCAS-125266001</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025849</i>
<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Disposition

Disposition Date: 08/22/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal): 10/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HCAS-125266001 State: Arkansas
Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849
Company Tracking Number: CL20070065 - F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Common Policy Dec	Approved	Yes
Form	Truckers Cov Form Dec	Approved	Yes
Form	Truckers Cov Form Dec	Approved	Yes
Form	Driver Schedule Supplement	Approved	Yes
Form	Equipment & Coverage Schedule Supplement	Approved	Yes
Form	Fleet Application	Approved	Yes
Form	Policy Changes Endt	Approved	Yes
Form	Additional Named Insureds	Approved	Yes
Form	Aggregate Deductible	Approved	Yes
Form	Monthly Reporting - Phys Damage (1/end of month)	Approved	Yes
Form	Composite Rate Endt	Approved	Yes
Form	Composite Rate Endt - Liab	Approved	Yes
Form	Blank Endt	Approved	Yes
Form	Application for Non-Fleet Non-Trucking Liab & Phys Damage	Approved	Yes
Form	Fleet Application	Approved	Yes
Form	Leased/Operators Fleet Application	Approved	Yes
Form	Enrollment Form For Leased Operators	Approved	Yes
Form	Application and Enrollment Form for Owner/Operators	Approved	Yes
Form	TRuckers Ins For Non-Trucking Use - Cert of Ins	Approved	Yes
Form	Notice of Cancellation/Non-Renewal	Approved	Yes
Form	Final Notice of Cancellation	Approved	Yes
Form	Motor Carrier Deductible Endt	Approved	Yes
Form	Truckers Supplemental Cov Endt	Approved	Yes
Form	Cover Sheet	Approved	Yes
Form	Exclusion of Named Driver	Approved	Yes
Form	Limits of Insurance Amendment	Approved	Yes

SERFF Tracking Number: HCAS-125266001 State: Arkansas
Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849
Company Tracking Number: CL20070065 - F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Form	Tarpaulins, Chains and Binders Cov	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/18th)	Approved	Yes
Form	Monthly Reporting - Liability (1/18th)	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/End of Mth)	Approved	Yes
Form	Monthly Reporting - Liability (1/End of Mth)	Approved	Yes
Form	Monthly Reporting - Physical Damage (1/10th)	Approved	Yes
Form	Monthly Reporting - Liability (1/10th)	Approved	Yes
Form	Composite Rate Endt	Approved	Yes
Form	Composite Rate Endt - Liability	Approved	Yes
Form	Gross Receipts Reporting Endt	Approved	Yes
Form	Mileage Reporting Endt	Approved	Yes
Form	Power Unit Reporting Endt	Approved	Yes
Form	Driver Limitation Endt	Approved	Yes
Form	Trailer Exchange Endt	Approved	Yes
Form	Notice of Reinstatement	Approved	Yes
Form	Comm Auto Phys Damage Ded Waiver	Approved	Yes
Form	Truckers - Ins for Non-Trucking Use Ind Policy	Approved	Yes
Form	Master Policy Endt - Addl Definitions	Approved	Yes
Form	Truckers - Ins for Non-Trucking Use Master Policy	Approved	Yes
Form	Theft Endt - Physical Damage	Approved	Yes
Form	Supplemental Auto Cov - Physical Damage Part 1	Approved	Yes
Form	State Limit of Liability - Physical Damage	Approved	Yes
Form	Certificate of Ins - Liab	Approved	Yes
Form	Certificate of Ins - Physical Damage	Approved	Yes
Form	Physical Damage Cov - Certificate of Ins	Approved	Yes

SERFF Tracking Number: HCAS-125266001 State: Arkansas

Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849

Company Tracking Number: CL20070065 - F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Comm Auto Strategic Form Filing

Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Dec	DC 01 00	4/01	Declaration New s/Schedule		0.00	H - DC 0100 DEC Page.pdf
Approved	Truckers Cov Form Dec	DC 01 02	4/01	Declaration New s/Schedule		0.00	I - DC 0102 TRUCKERS COV DEC.pdf
Approved	Truckers Cov Form Dec	DC 01 03	4/01	Declaration New s/Schedule		0.00	I.1 - DC0103 DEC Items 3 - 7.pdf
Approved	Driver Schedule Supplement	SPM SUPP1	4/01	Declaration New s/Schedule		0.00	APP SUPP1 04-01.pdf
Approved	Equipment & Coverage Schedule Supplement	SPM SUPP 2	4/01	Declaration New s/Schedule		0.00	APP SUPP2 04-01.pdf
Approved	Fleet Application	APP-4	4-01	Application/ New Binder/Enrollment		0.00	APP-4 4-01.cw.pdf
Approved	Policy Changes Endt	IL 12 01C	4-01	Endorsement/Amendment/Conditions		0.00	IL 1201C 04 01.pdf
Approved	Additional Named Insureds	ML 0001	4-01	Endorsement/Amendment/Conditions		0.00	ML 0001 04 01.pdf
Approved	Aggregate Deductible	TR 03 04	4-01	Endorsement/Amendment/Conditions		0.00	TR0304 04-01 - Aggregate Deductible.pdf
Approved	Monthly	TR 02 52	6-07	Endorsement New		0.00	TR 0252 06

SERFF Tracking Number: HCAS-125266001 State: Arkansas

Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849

Company Tracking Number: CL20070065 - F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Comm Auto Strategic Form Filing

Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

	Reporting - Phys		nt/Amendm		07.pdf
	Damage (1/end		ent/Condi		
	of month)		ons		
Approved	Composite Rate	TR 02 60 6-07	Endorseme New	0.00	TR 0260 06
	Endt		nt/Amendm		07.pdf
			ent/Condi		
			ons		
Approved	Composite Rate	TR 02 61 6-07	Endorseme New	0.00	TR 0261 06
	Endt - Liab		nt/Amendm		07.pdf
			ent/Condi		
			ons		
Approved	Blank Endt	SPM 101 4-01	Endorseme New	0.00	SPM-101
			nt/Amendm		04-01 -
			ent/Condi		Blank
			ons		Endorsemen
					t.pdf
Approved	Application for	SPM APP 4/01	Application/ New	0.00	APP-1 4-
	Non-Fleet Non-	1	Binder/Enro		01.pdf
	Trucking Liab &		llment		
	Phys Damage				
Approved	Fleet Application	SPM APP 4/01	Application/ New	0.00	APP-2 4-
		2	Binder/Enro		01.pdf
			llment		
Approved	Leased/Operator	SPM APP 4/01	Application/ New	0.00	APP-3 4-
	s Fleet	3	Binder/Enro		01.pdf
	Application		llment		
Approved	Enrollment Form	SPM APP 4/01	Application/ New	0.00	APP-8 04-
	For Leased	8	Binder/Enro		01.pdf
	Operators		llment		
Approved	Application and	SPM APP 4/01	Application/ New	0.00	APP-9 04-
	Enrollment Form	9	Binder/Enro		01.pdf
	for		llment		
	Owner/Operators				
Approved	TRuckers Ins For	COI-NTL- 10/06	Endorseme New	0.00	SPM -
	Non-Trucking	BP	nt/Amendm		NTLMILL
	Use - Cert of Ins		ent/Condi		Cert.pdf
			ons		
Approved	Notice of	ML 0012 4/01	Canc/NonR New	0.00	B - ML0012

SERFF Tracking Number: HCAS-125266001 State: Arkansas
Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849
Company Tracking Number: CL20070065 - F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Cancellation/Non-Renewal					en Notice	NOTICE OF CANX-NONRWL.pdf
Approved	Final Notice of Cancellation	SPM FIN CNX	4/01	Canc/NonR New en Notice	0.00	D - NOTICE OF FINAL CANX.pdf
Approved	Motor Carrier Deductible Endt	SPM 10 10		Endorseme New nt/Amendment/Conditions	0.00	SPM-1010 DEDL REIMB FORM.pdf
Approved	Truckers Supplemental Cov Endt	SPM 2424 7/06		Endorseme New nt/Amendment/Conditions	0.00	STRATTRUCK Enhancement form.pdf
Approved	Cover Sheet	OS Jacket 10/06		Other New	0.00	CA STRATEGIC COVER PAGE.pdf
Approved	Exclusion of Named Driver	AU 1	4/01	Endorseme New nt/Amendment/Conditions	0.00	A - AU-1 Excl of Named Driver.pdf
Approved	Limits of Insurance Amendment	TR 02 05	4/01	Endorseme New nt/Amendment/Conditions	0.00	M - TR0205- Stated Limits APD.pdf
Approved	Tarpaulins, Chains and Binders Cov	TR 02 08	4/01	Endorseme New nt/Amendment/Conditions	0.00	N - TR0208 Tarps, Chains, & Binders Coverage.pdf
Approved	Monthly Reporting - Physical Damage (1/18th)	TR 02 50	4/01	Endorseme New nt/Amendment/Conditions	0.00	L - TR 02 50 - Monthly Reporting - Phys Dam - 18th.pdf

SERFF Tracking Number: HCAS-125266001 State: Arkansas

Filing Company: Ohio Security Insurance Company State Tracking Number: AR-PC-07-025849

Company Tracking Number: CL20070065 - F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Comm Auto Strategic Form Filing

Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

Approved	Monthly Reporting - Liability (1/18th)	TR 02 51	4/01	Endorsement/Amendment/Conditions	0.00	L1 - TR 02 51 - Monthly Reporting - Liability - 18th.pdf
Approved	Monthly Reporting - Physical Damage (1/End of Mth)	TR 02 52	4/01	Endorsement/Amendment/Conditions	0.00	L2 - TR 02 52 - Monthly Reporting - Phys Dam - End of Month.pdf
Approved	Monthly Reporting - Liability (1/End of Mth)	TR 02 53	4/01	Endorsement/Amendment/Conditions	0.00	L3 - TR 02 53 - Monthly Reporting - Liab - End of Month.pdf
Approved	Monthly Reporting - Physical Damage (1/10th)	TR 02 54	4/01	Endorsement/Amendment/Conditions	0.00	L4 - TR 02 54 - Monthly Reporting - Phys Dam - 10th.pdf
Approved	Monthly Reporting - Liability (1/10th)	TR 02 55	4/01	Endorsement/Amendment/Conditions	0.00	L5 - TR 02 55 - Monthly Reporting - Liab - 10th.pdf
Approved	Composite Rate Endt	TR 02 60	4/01	Endorsement/Amendment/Conditions	0.00	J - TR 02 60 - Composite Rate Endorsement.pdf
Approved	Composite Rate Endt - Liability	TR 02 61	4/01	Endorsement/Amendment/Conditions	0.00	K - TR 02 61 - Composite Rate Endorsement.pdf
Approved	Gross Receipts Reporting Endt	TR 02 65	4/01	Endorsement/Amendment	0.00	Q1 - TR0265-

SERFF Tracking Number: HCAS-125266001 State: Arkansas
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Company Tracking Number: CL20070065 - F
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Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

ent/Condi ons					Gross Receipts Reporting.pd f
Approved	Mileage Reporting Endt	TR 02 66	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 Q2 - TR0266- MILEAGE ENDORSEM ENT.pdf
Approved	Power Unit Reporting Endt	TR 02 70	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 POWER UNIT REPORTIN G ENDORSEM ENT.pdf
Approved	Driver Limitation Endt	TR 03 00	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 P - TR0300- DRIVER LIMITATION END'T.pdf
Approved	Trailer Exchange Endt	TR 03 07	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 O - TR0307- Trailer Interchange. pdf
Approved	Notice of Reinstatement	RI 2	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 C - NOTICE OF REINSTATE MENT RI2.pdf
Approved	Comm Auto Phys Damage Ded Waiver	CA 70 01	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 R - CA 70 01 04-01.pdf
Approved	Truckers - Ins for Non-Trucking Use Ind Policy	CA 70 02	4/01	Endorseme New nt/Amendm ent/Condi ons	0.00 CA 70 02 04-01.pdf
Approved	Master Policy Endt - Addl	CA 70 03	4/01	Endorseme New nt/Amendm	0.00 CA 70 03 04-01.pdf

SERFF Tracking Number: HCAS-125266001 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Comm Auto Strategic Form Filing
Project Name/Number: Comm Auto Strategic Form Filing/CL20070065 - F

	Definitions	ent/Condi ons		
Approved	Truckers - Ins for CA 70 04 7/05 Non-Trucking Use Master Policy	Endorseme New nt/Amendm ent/Condi ons	0.00	CA 70 04 07-2005 UPDATED.p df
Approved	Theft Endt - CA 70 05 4/01 Physical Damage	Endorseme New nt/Amendm ent/Condi ons	0.00	CA 70 05 4- 01.pdf
Approved	Supplemental CA 70 06 4/01 Auto Cov - Physical Damage Part 1	Endorseme New nt/Amendm ent/Condi ons	0.00	CA 70 06 04-01.pdf
Approved	State Limit of CA 70 07 4/01 Liability - Physical Damage	Endorseme New nt/Amendm ent/Condi ons	0.00	CA 70 07 04-01.pdf
Approved	Certificate of Ins - COI-L 4/01 Liab	Endorseme New nt/Amendm ent/Condi ons	0.00	COI-L - Certificate of Insurance - Liability.pdf
Approved	Certificate of Ins - COI-P 4/01 Physical Damage	Endorseme New nt/Amendm ent/Condi ons	0.00	COI-P - Certificate of Insurance - APD.pdf

**COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS**

POLICY NUMBER:

Renewal of Number

ITEM ONE

NAMED INSURED AND MAILING ADDRESS

PRODUCER

POLICY PERIOD: From: _____ To: _____
PRODUCER CODE:

12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: _____ **BUSINESS DESCRIPTION:** _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS		PREMIUM
()	COMMERCIAL INLAND MARINE	\$
()	COMMERCIAL AUTO	\$
()	FEES, TAXES, SURCHARGES LISTED BELOW	\$
TOTAL POLICY PREMIUM		\$

() Subject to Audit

The premiums shown on the Common Policy Declarations reflect the total premium for the policy period stated above. Premiums shown on the following declaration pages are annual premiums.

ENDORSEMENTS ATTACHED TO THIS POLICY:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Countersigned _____
(Date)

By _____
(Authorized Representative)

COMMERCIAL AUTO COVERAGE PART TRUCKERS COVERAGE FORM DECLARATIONS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS* (Entry of one or more of the symbols from the COVERED AUTOS section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	ANNUAL PREMIUM
LIABILITY		\$ MINUS \$ DEDT.	
PERSONAL INJURY PROTECTION (or equivalent No Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT \$ MINUS \$ DEDT.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT \$ MINUS \$ DEDT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDT. FOR EACH ACCIDENT	
MEDICAL PAYMENTS		\$	
UNINSURED MOTORISTS		\$	
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO	
		PREMIUM FOR ENDORSEMENTS	
		ESTIMATED TOTAL PREMIUM	

*Refer to reverse side for description of the above covered auto symbols.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: _____

COMMERCIAL AUTO COVERAGE PART TRUCKERS DECLARATIONS (Cont'd)

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION

TERRITORY

Covered Auto No.	Year Model, Trade Name, Body Type, VIN	ACV or Stated Amount	Town & State Where the Covered Auto Will Be Principally Garaged
1			
2			
3			
4			
5			

CLASSIFICATION

Covered Auto No.	Radius of Operation (In Miles)	Business Use S = Service R = Retail C = Commercial	Size GVW or GCW	Primary Rating Factor Liability	Primary Rating Factor Phy. Dam	Secondary Rating Factor	Class Code	All physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
1								
2								
3								
4								
5								

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. only)		AUTO MED PAY	
	Limit	Premium	Limit stated in each P.I.P. End. Minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. End. Minus deductible shown below	Premium	Limit	Premium
1									
2									
3									
4									
5									
Total Premium									

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	UM/UIM MOTORISTS		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION	
	Limit	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium
1								
2								
3								
4								
5								
Total Premium								

COMMERCIAL AUTO COVERAGE PART TRUCKERS DECLARTIONS (Cont'd)

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE-RATING BASIS, COST OF HIRE

ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED PREMIUM

Cost of hire means the total cost you incur for the hire of "autos" you don't own (not including "private passenger type autos" you borrow or rent from members of your household, your partners, employees or agents or members of their households). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY/DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO			
TOTAL PREMIUM				

PHYSICAL DAMAGE COVERAGE for covered autos you hire or borrow is excess unless indicated below by "x"

☐ If this box is checked PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
		\$

ITEM SIX

COVERAGES	LIMIT OF INSURANCE	ESTIMATED PREMIUM
COMPREHENSIVE	(Stated in Item 2)	\$
SPECIFIED CAUSES OF LOSS		\$
COLLISION		\$
Total Premium		

TRAILER INTERCHANGE COVERAGE

**COMMERCIAL AUTO COVERAGE PART
TRUCKERS DECLARATIONS (Cont'd)**

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE

ESTIMATED YEARLY	RATES		PREMIUMS	
<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage <input type="checkbox"/> Number of Autos	Per \$100 of Gross Receipts Per 100 Miles Per Auto Per Month			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
		TOTAL PREMIUMS	\$	
		MINIMUM PREMIUMS	\$	

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Mileage means the total of all miles driven, laden or unladen by an insured vehicle being operated at the direction of, or over the operating authority of the insured. This includes all miles driven by any insured vehicle while operating under a trip lease arrangement with another carrier or from the rental of equipment, with or without drivers.

Number of Autos is all automobiles covered by the policy of the commercial type owned by or leased to the insured under a written agreement of not less than thirty (30) days, during the policy period.

OHIO SECURITY INSURANCE COMPANY
A Stock Company

DRIVER SCHEDULE SUPPLEMENT

#	Name/Address	DOB	License No. & State	Social Security No.	Accidents & Violations Last 3 Years	Years Exp. This Type
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

OHIO SECURITY INSURANCE COMPANY

A Stock Company

DRIVER SCHEDULE SUPPLEMENT

#	Name/Address	DOB	License No. & State	Social Security No.	Accidents & Violations Last 3 Years	Years Exp. This Type
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

OHIO SECURITY INSURANCE COMPANY

A Stock Company

EQUIPMENT & COVERAGE SCHEDULE SUPPLEMENT

No. and Type of

Tractors

_____ Cabover

_____ Conventional

No. and Type of

Trailers

_____ Flatbed

_____ Lowboy

_____ Reefer

_____ Tanker

_____ Van

_____ Dump

No. of Straight Trucks _____ Van/Stake _____ Dump _____ Other _____

No. of Vehicles Operated by Owner/Operators _____

Non-trucking Liability Provided _____ Yes _____ No _____ Limit _____

Veh. #	Year	Name	ID #	N-trkg Y/N	Radius	Cost New	Comp/ SP/Coll Ded.	Lienholder & Address
		Type	Garage Address			Stated Value		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

OHIO SECURITY INSURANCE COMPANY

A Stock Company

FLEET APPLICATION

Quote _____ Issue _____ Agency/Code _____
Effective Date _____

1. GENERAL INFORMATION

Name _____ Phone No. _____

Garage Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Individual _____ Corporation _____ Partnership _____

2. OPERATIONS

Description of Operation _____

Current Management has controlled for _____ years; and been in trucking business for _____ years.

Radius of Operation _____

List major cities served and farthest point from garage address _____

Transport owned goods only _____ Yes _____ No

Commodities Hauled / % of revenue _____

Any hazardous, high value, oversize or overweight? _____ Yes _____ No

Yes, explain _____

3. PREVIOUS INSURANCE HISTORY (Complete for Past 3 Years)

Policy Term				Company Name	Policy Number	Liability		Physical Damage	
From		To				No. Claims	Amount Incurred	No. Claims	Amount Incurred
Mo.	Yr.	Mo.	Yr.						

LOSS RUNS MUST BE ATTACHED WITH EACH APPLICATION.

Have you ever had truck insurance canceled, refused or non-renewed? _____ Yes _____ No. If yes, give company name, date and reason: _____

4. **DRIVER QUESTIONNAIRE** (Attach Driver Schedule -- Supplement)

MVR on each driver attached _____ Yes _____ No (MVRs must be within 12 months).

Do your driver selection procedures include:

	Yes	No		Yes	No
Written Application	_____	_____	Reviewing MVRs	_____	_____
Reference Checks	_____	_____	Written disciplinary procedure	_____	_____
Written Test	_____	_____	Driver file updates	_____	_____
Road Test	_____	_____	Annual review of driver	_____	_____
Physical Exam	_____	_____	Driver data sheet	_____	_____

Current number of full time drivers. Total _____ over 65 _____ under 25 _____
Number of full time drivers hired last 12 months _____ Terminated _____
Number of leased drivers _____ Number of owner/operators _____
Number of part time drivers _____ Number of part time hired last 12 months _____
Safety Program in Place _____ Yes _____ No Safety Director Name _____
Frequency of safety meetings _____ Frequency of MVRs _____
Monitoring Devices _____ Recorders _____ Radio Dispatch _____ Road Check Company _____

5. **EQUIPMENT AND COVERAGE SCHEDULE** (Include all owned or leased)

Primary liability insurance carrier _____ /\$ _____

Attach Equipment & Coverage Schedule Supplement with complete information.

Are all owned/leased units listed? _____ Yes _____ No. If no, explain _____

Do you provide maintenance service on all vehicles? (owned/leased, owner/operator).
_____ Yes _____ No. If no, explain _____

Number of full time maintenance personnel _____

Written maintenance program _____ Yes _____ No

Maintenance Manager's Name _____

6. **LIMITS AND DEDUCTIBLE:**

Non-Trkg Liability limit: \$ _____ Comp/Coll Ded: \$ _____ Spec/Coll Ded: \$ _____
Uninsured Motorists \$ _____ Underinsured Motorists \$ _____ Collision Excluded ☐ Yes ☐ No
Medical Payments \$ _____ Personal Injury Protection \$ _____
Trailer Interchange Coverage ☐ Yes ☐ No Stated Limit \$ _____ Comp/Coll Ded: \$ _____
Spec/Coll Ded: \$ _____

Supplemental Coverages: _____

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you.

NOTICE: No liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest
4. No longer under permanent lease and the lease has been terminated for more than 10 days.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injury, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan: Any person knowingly and with intent to defraud any insurer files an application or claim containing false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000.00.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All Other States: WARNING - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that under such policy, coverage can be denied if in the negotiation, an applicant made a misrepresentation "with the intent to deceive" that materially affected either the acceptance of the risk or the hazard assumed by the insurer. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

This endorsement changes the policy. Please read it carefully.

Effective Date of Endorsement: _____ Policy Number: _____
Name of Insured: _____ Policy Term: _____
Agent Code: _____ Endorsement Number: _____

POLICY CHANGES

Prorate factor _____

☐ In consideration of an additional premium of \$ _____ the following changes are hereby made:
☐ In consideration of a return premium of \$ _____ the following changes are hereby made:

VEHICLE ADDED: THIS POLICY IS EXTENDED TO COVER THE FOLLOWING VEHICLES:

Veh #	Description	ID or Serial Number	Stated Amount	Class Code

VEHICLE DELETED: THIS POLICY CEASES TO COVER THE FOLLOWING VEHICLES:

Veh #	Description	ID or Serial Number	Stated Amount

COVERAGES-ANNUAL PREMIUMS, LIMITS AND DEDUCTIBLES

Veh #	Liability		P.I.P	UM	Med. Pay		Comp/Spec Perils		Collision		Tax/	Misc
	Limit	Prem	Prem	Prem	Limit	Prem	Deduct	Prem	Deduct	Prem	Srchg	

ADDITIONAL PREMIUMS

Veh #	Liability	P.I.P	UM/UIM	Med. Pay	Comp/Spec Perils	Collision	Tax/Srchg	Misc

RETURN PREMIUMS

Veh #	Liability	P.I.P	UM/UIM	Med. Pay	Comp/Spec Perils	Collision	Tax/Srchg	Misc

ATTACHMENTS/REMARK: _____

AGENCY:

All other parts of this policy remain unchanged.

BY:



Authorized Representative / Date

OHIO SECURITY INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL NAMED INSUREDS

It is hereby agreed and understood that the following are named insureds.

This endorsement is effective from _____ 12:01 A. M. Eastern Time and forms a part

Of Policy Number _____

Issued to: _____

OHIO SECURITY INSURANCE COMPANY

POLICY NUMBER: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS POLICY INCLUDES AN AGGREGATE DEDUCTIBLE FOR PHYSICAL DAMAGE COVERAGE.

\$ _____ Annual aggregate deductible for commercial vehicles only with
a \$ _____ per unit deductible inside the aggregate

\$ _____ Post aggregate per unit deductible for commercial vehicles only.

\$ _____ Per unit deductible for PPA/ Service only not subject to aggregate deductible.

Insured retains indemnification rights on all commercial vehicle physical damage losses up to \$ _____, subject to a separate deductible of \$ _____ per unit net of any subrogation or salvage recoveries. Insured is responsible for assignment of loss adjusters and all other claims related expenses for losses within the aggregate deductible. These loss expenses are not applicable toward the net aggregate deductible. Insured is responsible for retaining all repair orders and proof of payment which need to be forwarded to the OHIO SECURITY claims department should the insured exceed the aggregate deductible. Losses reported to the company after the aggregate deductible is met will be handled by the OHIO SECURITY claims department subject to a \$ _____ deductible per unit.

ENDORSEMENT EFFECTIVE: _____ AT 12:01 A.M. STANDARD TIME.

NAMED INSURED: _____

COUNTERSIGNED BY: _____
(Authorized Representative)

TR 03 04 (04/01)

OHIO SECURITY INSURANCE COMPANY

MONTHLY REPORTING – PHYSICAL DAMAGE (1/END OF MONTH)

The Earned Premium for all Comprehensive Physical Damage afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all physical damage will be determined by multiplying the total stated value by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. Final premium will be determined at audit. This policy has a _____ minimum premium provision.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total value of equipment at the agreed monthly rate.

It is understood and agreed that all units listed as of the first day of the month and before will be billed for a full month's premium. All units deleted prior to the first day of the month will not be billed for the month.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled values and adjustments caused by additions and deletions.

<u>Premium Basis</u>	<u>Annual Rate</u>	<u>Audit Term</u>	<u>Annual Premium</u>	<u>Annual Min. Premium</u>
		Monthly	\$	\$
			\$	\$
			Monthly	Monthly

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

OHIO SECURITY INSURANCE COMPANY

COMPOSITE RATE ENDORSEMENT

The Earned Premium for all Truckers Physical Damage coverage afforded by this policy has been computed on the basis of the rates shown below.

The Earned Premium for all additions and deletions of automobiles covered by this policy will be determined by multiplying the total of each \$100 of stated value by the rate shown below. This Policy has a _____% minimum premium provision.

Premium Basis

\$

Rate

Estimated Premium

\$

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time

and forms a part of Policy Number _____

issued to _____

OHIO SECURITY INSURANCE COMPANY

COMPOSITE RATE ENDORSEMENT

The Written Premium for all Comprehensive Automobile Liability afforded by this policy shall be computed on the basis of the rates shown below.

The Written Premium for all Automobile Liability will be determined by multiplying the total number of units by the predetermined rate shown below. This policy has a _____ minimum premium provision.

Premium Basis
Per Unit

Annual
Rate Per Unit

Annual
Estimated Premium

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time

and forms a part of Policy Number _____


issued to _____

This endorsement changes the Commercial Auto Coverage

PLEASE READ THIS CAREFULLY

BLANK ENDORSEMENT

**(The entries required to complete this endorsement
will be shown below or on the "declarations")**

A large, empty rectangular box with a thin black border, intended for the endorsement content. It occupies the central portion of the page below the introductory text.

OHIO SECURITY INSURANCE COMPANY
Application for Non-Fleet Non-Trucking Liability and Physical Damage
A Stock Company

Agency/Code _____
Effective Date _____

1. APPLICANT INFORMATION

Applicant: _____ Phone No. _____
Mailing Address _____

Applicant is Individual ☐ Street Corporation ☐ Partnership ☐ City State Zip
Tax ID or Social Security Number: _____

2. OPERATIONS

Description of Operation/Years in Business _____
To Whom Leased? _____ Address _____
Radius of Operation _____
List major cities served and farthest point from garage address _____
Commodities Hauled _____
Any hazardous, high value, oversize or overweight? ☐ Yes ☐ No
Yes, explain _____

THE FOLLOWING INFORMATION IS NECESSARY IF APPLICANT IS TO BE ACCEPTED

3. PREVIOUS INSURANCE HISTORY (Complete for Past 3 Years)

Policy Term				Company Name	Policy Number	Liability		Physical Damage	
From		To				No. Claims	Amount	No. Claims	Amount
Mo.	Yr.	Mo.	Yr.						

Please attach a description of any claim in detail

Have you ever had truck insurance canceled, refused or non-renewed? ☐ Yes ☐ No. If yes, give company name, date and reason: _____

4. DRIVER QUESTIONNAIRE

Name	DOB	License No. & State	Social Security No.	Accidents & Violations Last 3 Years	Years Experience

Please attach a description of any accidents/violations

5. LIMITS AND DEDUCTIBLE:

Non-Trkg Liability limit: \$ _____ Comp/Coll Ded: \$ _____ Spec/Coll Ded: \$ _____
Uninsured Motorists \$ _____ Underinsured Motorists \$ _____ Collision Excluded ☐ Yes ☐ No
Medical Payments _____ Personal Injury Protection \$ _____
\$ _____
Supplemental Coverages: _____

6. EQUIPMENT AND COVERAGE SCHEDULE (Include all owned or leased)

#	Year	Make/Model	Serial Number	Stated Amount	Non-Trkg Premium	Phys. Dam. Premium.
1						
2						
3						
4						

Leinholder Name & Address _____

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you

NOTICE: No liability coverage is afforded when the described vehicles are:

- 1. Under carrier direction, control or dispatch**
- 2. Used to carry property for any reason.**
- 3. Being operated or used in any racing or speed contest**
- 4. No longer under permanent lease and the lease has been terminated for more than 10 days.**

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injury, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan: Any person knowingly and with intent to defraud any insurer files an application or claim containing false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000.00.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

All Other States: WARNING - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that under such policy, coverage can be denied if in the negotiation, an applicant made a misrepresentation "with the intent to deceive" that materially affected either the acceptance of the risk or the hazard assumed by the insurer. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

OHIO SECURITY INSURANCE COMPANY

A Stock Company

FLEET APPLICATION

Quote _____ Issue _____ Agency/Code _____
Effective Date _____

1. GENERAL INFORMATION

Name _____ Phone No. _____

Garage Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Individual _____ Corporation _____ Partnership _____

2. OPERATIONS

Description of Operation _____

Current Management has controlled for _____ years; and been in trucking business for _____ years.

Radius of Operation _____

List major cities served and farthest point from garage address _____

Transport owned goods only _____ Yes _____ No

Commodities Hauled / % of revenue _____

Any hazardous, high value, oversize or overweight? _____ Yes _____ No

Yes, explain _____

3. PREVIOUS INSURANCE HISTORY (Complete for Past 3 Years)

Policy Term				Company Name	Policy Number	Liability		Physical Damage	
From		To				No.	Amount	No.	Amount
Mo.	Yr.	Mo.	Yr.			Claims	Incurred	Claims	Incurred

LOSS RUNS MUST BE ATTACHED WITH EACH APPLICATION.

Have you ever had truck insurance canceled, refused or non-renewed? _____ Yes _____ No. If yes, give company

name, date and reason: _____

4. **DRIVER QUESTIONNAIRE** (Attach Driver Schedule -- Supplement)

MVR on each driver attached _____ Yes _____ No (MVRs must be within 12 months).

Do your driver selection procedures include:

	Yes	No		Yes	No
Written Application	_____	_____	Reviewing MVRs	_____	_____
Reference Checks	_____	_____	Written disciplinary procedure	_____	_____
Written Test	_____	_____	Driver file updates	_____	_____
Road Test	_____	_____	Annual review of driver	_____	_____
Physical Exam	_____	_____	Driver data sheet	_____	_____

Current number of full time drivers. Total _____ over 65 _____ under 25 _____
Number of full time drivers hired last 12 months _____ Terminated _____
Number of leased drivers _____ Number of owner/operators _____
Number of part time drivers _____ Number of part time hired last 12 months _____
Safety Program in Place _____ Yes _____ No Safety Director Name _____
Frequency of safety meetings _____ Frequency of MVRs _____
Monitoring Devices _____ Recorders _____ Radio Dispatch _____ Road Check Company _____

5. **EQUIPMENT AND COVERAGE SCHEDULE** (Include all owned or leased)

Primary liability insurance carrier _____ /\$ _____

Attach Equipment & Coverage Schedule Supplement with complete information.

Are all owned/leased units listed? _____ Yes _____ No. If no, explain _____

Do you provide maintenance service on all vehicles? (owned/leased, owner/operator).
_____ Yes _____ No. If no, explain _____

Number of full time maintenance personnel _____

Written maintenance program _____ Yes _____ No

Maintenance Manager's Name _____

6. **LIMITS AND DEDUCTIBLE:**

Non-Trkg Liability limit: \$ _____ Comp/Coll Ded: \$ _____ Spec/Coll Ded: \$ _____

Uninsured Motorists \$ _____ Underinsured Motorists \$ _____ Collision Excluded ☐ Yes ☐ No

Medical Payments _____ Personal Injury Protection \$ _____

\$ _____

Trailer Interchange Coverage ☐ Yes ☐ No Stated Limit \$ _____ Comp/Coll Ded: \$ _____

Spec/Coll Ded: \$ _____

Supplemental
Coverages: _____

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you

NOTICE: No liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest
4. No longer under permanent lease and the lease has been terminated for more than 10 days.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injury, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan: Any person knowingly and with intent to defraud any insurer files an application or claim containing false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000.00.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

All Other States: WARNING - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that under such policy, coverage can be denied if in the negotiation, an applicant made a misrepresentation "with the intent to deceive" that materially affected either the acceptance of the risk or the hazard assumed by the insurer. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

OHIO SECURITY INSURANCE COMPANY

A Stock Company

LEASED/OPERATORS FLEET APPLICATION

Quote _____ Issue _____ Agency/Code _____
Effective Date _____

1. GENERAL INFORMATION

Name _____ Phone No. _____

Garage Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Individual _____ Corporation _____ Partnership _____

2. OPERATIONS

Description of Operation _____

Current Management has controlled for _____ years; and been in trucking business for _____ years.

Radius of Operation _____

List major cities served and farthest point from garage address _____

Commodities Hauled / % of revenue _____

Any hazardous, high value, oversize or overweight? _____ Yes _____ No

Yes, explain _____

3. PREVIOUS INSURANCE HISTORY (Complete for Past 3 Years)

Policy Term				Company Name	Policy Number	Liability		Physical Damage	
From		To				No. Claims	Amount Incurred	No. Claims	Amount Incurred
Mo.	Yr.	Mo.	Yr.						

LOSS RUNS MUST BE ATTACHED WITH EACH APPLICATION.

Have you ever had truck insurance canceled, refused or non-renewed? _____ Yes _____ No. If yes, give company name, date and reason: _____

4. **DRIVER QUESTIONNAIRE** (Attach Driver Schedule -- Supplement)

MVR on each driver attached _____ Yes _____ No (MVRs must be within 12 months).

Does company leased operator selection procedure include:

	Yes	No		Yes	No
Written Application	_____	_____	Reviewing MVRs	_____	_____
Reference Checks	_____	_____	Written disciplinary procedure	_____	_____
Written Test	_____	_____	Driver file updates	_____	_____
Road Test	_____	_____	Annual review of driver	_____	_____
Physical Exam	_____	_____	Driver data sheet	_____	_____

Current number of "leased operator" drivers. Total _____ over 65 _____ under 25 _____
Number of leased operators hired last 12 months _____ Terminated _____
Frequency of safety meetings _____ Frequency of MVRs _____
Safety Director Name _____
Total number of units operated by Company _____

5. **EQUIPMENT AND COVERAGE SCHEDULE** (Include all owned or leased)

Primary liability insurance carrier _____ /\$ _____

Attach Equipment & Coverage Schedule Supplement with complete information.

Does company provide maintenance service on all leased operator vehicles? _____ Yes _____ No.

If no, explain _____

If yes, number of full time maintenance personnel _____

Written maintenance program _____ Yes _____ No

Maintenance Manager's Name _____

6. **LIMITS AND DEDUCTIBLE:**

Non-Trkg Liability limit: \$ _____ Comp/Coll Ded: \$ _____ Spec/Coll Ded: \$ _____
Uninsured Motorists \$ _____ Underinsured Motorists \$ _____ Collision Excluded ☐ Yes ☐ No
Medical Payments _____ Personal Injury Protection \$ _____
\$ _____

Supplemental Coverages: _____

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you

NOTICE: No liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest
4. No longer under permanent lease and the lease has been terminated for more than 10 days.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injury, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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Michigan: Any person knowingly and with intent to defraud any insurer files an application or claim containing false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and payment of a fine of up to \$5,000.00.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

All Other States: WARNING - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that under such policy, coverage can be denied if in the negotiation, an applicant made a misrepresentation "with the intent to deceive" that materially affected either the acceptance of the risk or the hazard assumed by the insurer. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

THE SIGNATURE OF THE APPLICANT VERIFIED THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND NO MISREPRESENTATIONS HAVE BEEN MADE.

Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

OHIO SECURITY INSURANCE COMPANY

A Stock Company

ENROLLMENT FORM FOR LEASED OPERATORS

Use this form for enrolling independent contractors and
send immediately to CNI.

Agency/Code _____

Insured _____ Policy No. _____ Date _____

Coverage Effective _____
Month Day Year

O NAME _____

W ADDRESS _____

R CITY _____ STATE _____ ZIP _____

D NAME _____ SOCIAL SECURITY # _____

R ADDRESS _____ YRS. _____ DRIVER LICENSE # _____

I CITY _____ STATE OF ISSUE _____

R STATE _____ ZIP _____ DATE OF BIRTH _____

YRS. DRIVING THIS TYPE _____

Acc. (36 Mos.) _____ Viol. (36 Mos.) _____ License Ever Sus. _____ Yes _____ No

Explain any accidents, violations or suspension _____

U I Unit # _____

N N _____

I F Vehicle Year _____

T O _____

R Vehicle Make _____

M _____

A Full Serial # _____

T _____

I Tractor or Trailer

O _____

N Cost

New _____

Stated Amount _____

L P NAME _____

O A _____

S Y ADDRESS _____

S E _____

E CITY _____ STATE _____ ZIP _____

COVERAGE

Non-Trucking Liability Limit:

\$ _____

Medical Payments: \$ _____

Personal Injury Protection: \$ _____

Uninsured Motorists \$ _____

Underinsured Motorists \$ _____

Comp/Coll Ded: \$ _____

Spec/Coll Ded: \$ _____

Collision Excluded _____ Yes _____ No

Supplemental

Coverages: _____

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injury, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

OHIO SECURITY INSURANCE COMPANY

A Stock Company

Application and Enrollment Form for Owner/Operators

Insured _____ Policy No. _____ Agency Code _____ Date _____

Coverage Effective: _____
Month Day Year

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMMODITIES HAULED: _____

TO WHOM LEASED: _____

DRIVER NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ DRIVER LICENSE # _____

CITY _____ STATE OF ISSUE _____

STATE _____ ZIP _____ DATE OF BIRTH _____

Number of Years driving experience _____

Any Accidents. In the past 36 months ☐ Yes ☐ No or has your License Ever ☐ Yes ☐ No
Suspended.

Explain any accidents, violations or suspension _____

MVRS must be attached with enrollment form.

Unit Information

Unit # _____

Vehicle
Year _____

Vehicle Make _____

Full Serial # _____

Tractor or Trailer _____

Stated
Amount _____

Coverage's

Non-Trucking Liability Limit: \$ _____

Medical Payments: \$ _____

Personal Injury Protection: \$ _____

Uninsured Motorists \$ _____

Underinsured Motorists \$ _____

Comp/Coll Ded: \$ _____

Spec/Coll Ded: \$ _____

Collision Excluded ☐ Yes ☐ No

Supplemental
Coverages: _____

Loss Payee

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

This policy will not name the carrier to whom you are permanently leased as an Additional Insured nor will it provide coverage on behalf of the carrier to whom you are permanently leased by virtue of a Hold Harmless Agreement executed by you.

Notice: No Liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest.
4. No longer under permanent lease and the lease has been terminated for more than ten days.

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The applicant hereby applies to the Company for a policy of insurance set forth in this application on the basis of statements contained herein. Applicant agrees that under such policy, coverage can be denied if in the negotiation, an applicant made a misrepresentation "with the intent to deceive" that materially affected either the acceptance of the risk or the hazard assumed by the insurer. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

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Signed this _____ Day of _____ 20 ____ . At _____
(City/State)

By _____
Named Insured (Representing All Insureds) Agent's Signature Designee's Signature

**OHIO SECURITY INSURANCE COMPANY
TRUCKERS INSURANCE FOR NON-TRUCKING USE
CERTIFICATE OF INSURANCE**

This is to certify that the below mentioned policy of insurance has been issued to the Insured named below for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy. This policy is available for inspection upon request at the offices of the agency shown above. See reverse for important conditions.

Agency Name	
Insured	
Policy Number	
Certificate Number	
Certificate Holder	
DBA	
c/o	
Address	
City	
State or Province	
Postal Code	
Coverage Effective	
Coverage Expiration	
Monthly Premium	
Liability Limit	
Personal Injury	
Uninsured Motorists BI	
Uninsured Motorists PD	
Underinsured Motorists BI	
Underinsured Motorists PD	

Transaction Effective Date:	
New:	
Amendment:	
Amendment Reason:	
Cancellation:	
Cancellation Reason:	
Reinstatement:	

IF AN ENTRY, COVERAGE IS APPLICABLE TO THE FOLLOWING COVERED AUTO:

YEAR	MAKE	MODEL	VIN

<u>Certificated Carrier To Whom Leased:</u>	<u>Notice: Please refer to the reverse side of this certificate for Truckers – Insurance for Non-Trucking Use coverage details.</u>

Date Processed:

**PLEASE REPORT ALL CLAIMS
IMMEDIATELY TO:
NORTH AMERICAN RISK SERVICES
P.O. BOX 945055
MAITLAND, FL 32794-5055
(800) 315-6090**

Authorized Representative

TRUCKERS - INSURANCE FOR NON-TRUCKING USE INDIVIDUAL POLICY

A. The following exclusions apply:

This insurance does not apply to:

1. A covered auto, or a temporary substitute, or any trailer attached to this auto when used to transport goods or merchandise for any purpose, business or other, or while such goods or merchandise are being loaded or unloaded; or
2. A covered auto, or a temporary substitute, or any trailer attached to this auto when being maintained or used (i) at the direction of, under the control of, under orders from, after being dispatched by, or in the business of any trucking company or lessee of such auto, or (ii) under any permit, authority or operating rights granted by any governmental agency to operate as a common or contract carrier including your own permit, authority or rights; or
3. A covered auto, or a temporary substitute, or any trailer attached to this auto when on a return trip to the place it is customarily garaged, or to a terminal or office of a party to whom it is rented, leased, or loaned, or to the home of the Named Insured, after having delivered goods or merchandise under direction, control, or dispatch to anyone other than the Named Insured under this policy; or
4. A covered auto, or a temporary substitute, or any trailer attached to this auto for which, at the time of the loss, there is not a valid, "long term lease" existing with a designated, certificated carrier covering that auto, unless 10 days or less have elapsed since termination of that lease or unless 10 days or less have elapsed since the date of acquisition of an otherwise covered auto you acquire after the policy begins. A "long term lease" agreement shall mean a written lease of not less than thirty (30) consecutive calendar days duration between the equipment owner (lessor) and the designated certificated carrier (lessee) and shall not mean a trip lease (single trip or duration less than thirty (30) days.) Such "long term lease" agreement must show exclusive possession, control and use of the described equipment by the lessee as well as date, time and duration of lease.

B. WHO IS INSURED does not include anyone engaged in the business of transporting property by auto for hire who is liable for your conduct.

C. PART 5. CONDITIONS is changed as follows:

B. OTHER INSURANCE – PRIMARY AND EXCESS INSURANCE PROVISIONS
Item 5 is deleted in its entirety and replaced by:

- 1) All insurance provided by this policy shall be excess over any similar insurance available to you and applicable to a covered auto as primary insurance. We will pay that portion of any loss that is in excess of the applicable Limit of Liability of any other available insurance.

D. CANCELLATION OR TERMINATION: Cancellation as to any Named Insured can also be made, without cancellation of the policy in its entirety, by a Named Insured or by the Company according to notice and other requirements stated in the Cancellation conditions.

NOTICE OF CANCELLATION/NON-RENEWAL

DATE OF MAILING

INSURANCE
COMPANY

PLACE OF MAILING

COMMERCIAL AUTO POLICY

Policy Number	
CANCELLATION WILL TAKE EFFECT AT	DATE: 12:01 AM Standard Time

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.

INSURED NAME AND ADDRESS

See the "Important Notices" section below for Additional Information Regarding the Reason(s) for Cancellation/Nonrenewal.

PRODUCER OF RECORD

LIENHOLDER OR LOSS PAYEE AND ADDRESS

REASON FOR CANCELLATION/NON-RENEWAL:

VEHICLES BEING CANCELLED/NON-RENEWED: All except the following,

PREMIUM ADJUSTMENT WILL BE MADE IN ACCORDANCE WITH POLICY PROVISIONS

☐ **Consumer Report:** In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency.

CERTIFICATION

I hereby certify that I personally mailed in the US Post Office of the place and time stamped hereon a notice of cancellation to the insured and as required to the Lienholder an exact carbon copy of that which appears above.

AUTHORIZED REPRESENTATIVE

NOTICE OF FINAL CANCELLATION

DATE OF MAILING

INSURANCE
COMPANY

PLACE OF MAILING

COMMERCIAL AUTO POLICY

Policy Number	
CANCELLATION EFFECTIVE	Date: 12:01 AM Standard Time

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.

INSURED NAME AND ADDRESS

PRODUCER OF RECORD

LIENHOLDER OR LOSS PAYEE AND ADDRESS

REASON FOR CANCELLATION

VEHICLES BEING CANCELLED: All except the following,

**PREMIUM ADJUSTMENT WILL BE MADE IN
ACCORDANCE WITH POLICY PROVISIONS**

Strategic Program Managers, Inc.
6497 Parkland Drive, Suite G
Sarasota, FL 34243
Phone: 941-753-3100
Fax: 941-753-6531

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOTOR CARRIER DEDUCTIBLE

This endorsement modifies Insurance provided under the following:

TRUCKERS COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	Endorsement effective:
OHIO SECURITY INSURANCE COMPANY	Counter signed by:

(Authorized Representative)

SCHEDULE

Deductible Amount: \$

PREMIUM

Limit of Insurance: \$

Subject to monthly reporting

Type of "Loss"

Covered: AUTOMOBILE LIABILITY, PHYSICAL DAMAGE AND CARGO LIABILITY

Description of Covered "Auto(s)":

PER SCHEDULE ON FILE WITH INSURANCE COMPANY

A. COVERAGE

1. We will reimburse all Insurance deductibles the "insured" must legally pay as damages for "loss" to property of others resulting from any written agreement you have with a Motor Carrier to whom you are leased. This coverage applies only if such "loss" is covered under the Motor Carrier's own insurance policies.

However, if the Motor Carrier to whom you are leased is self-insured for "auto" physical damage, then the physical damage provisions and exclusions of this policy will apply instead for a comprehensive or a collision "loss".

2. We have the right and duty to defend any "insured against a "suit" asking for such damages. However, we have no duty to defend any "insured" against a "suit" seeking damages for "loss" to property of others to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Limit of Insurance for this coverage has been exhausted by payment of judgments or settlements.

B. EXCLUSIONS

1. We will not pay for a "loss" caused by or resulting from any of the following:

- a. "Loss" due to theft or conversion caused in any way by you, your "employees" or by your shareholders.
 - b. "Loss" to an "auto" that you own or operate. This exclusion does not apply to any equipment owned by the Motor Carrier you are leased to.
 - c. "Loss as a consequence of direct loss to covered property, including loss of use, loss of market or delay.
 - d. Strikers, locked-out workmen or persons taking part in labor disturbances or riots or civil commotions.
 - e. Your liability for the payment of any fines, assessments, damages, attorney's fees, court costs or any other penalties which you shall be required to pay as a result of the violations of any law or regulations relating to any delay in the payment, denial or settlement of any claim for "loss".
 - f. Internal Revenue taxes nor customs duties on alcoholic beverages unless the "loss" of alcoholic beverages is from theft provided such theft is covered by the Motor Carrier's insurance.
- 2. We will not pay for "loss" to contraband or property in the course of illegal transportation or trade.
 - 3. If there are entries in the SCHEDULE on this endorsement under Type of "Loss" Covered, any "loss" not included will not be paid for. If there is no entry in the SCHEDULE on this endorsement then the coverage provided by this endorsement applies to all covered "losses".

C. LIMIT OF INSURANCE

Regardless of the number of covered "auto", "insureds", premiums paid, claims made or "suits" brought, the most we will pay for each "loss" is the Limit of Insurance shown in the SCHEDULE on this endorsement for each "auto".

D. RETAINED AMOUNT

Our obligation to pay for each "loss" will be reduced by the Retained Amount shown in the SCHEDULE on this endorsement. No deductible provided in this policy applies to this coverage.

E. PRIVILEGE TO ADJUST WITH OWNER

We have the right to settle the "loss" with the Motor Carrier. A receipt for payment from the Motor Carrier will satisfy any claim of yours

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUCKERS SUPPLEMENTAL COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM

The following coverage A.-F., described by this endorsement are to be **mutually exclusive of each other and constitute separate insuring agreements**. These coverages are supplementary to the coverages offered in your Truckers Coverage Form. Definitions not included in this endorsement are those definitions in the Truckers Coverage Form to which this endorsement is attached.

A. DOWNTIME / RENTAL REIMBURSEMENT COVERAGE

We will pay "Downtime" in an amount of up to a maximum of \$150 each day, or 750 a week, subject to a maximum of \$5,000 each "Loss" incurred after the "Waiting Period".

"Downtime" includes:

1. Loss of "Business Income" you incur due to necessary suspension of your operations during the "Period of Restoration". The suspension must be caused by direct physical loss of or damage to a Covered Auto described in the Certificate on file with the Company, caused by or resulting from any Covered Cause of Loss.
2. Extra expenses that minimize the suspension of your business operations and that you would not have incurred if there had been no direct physical loss of or damage to your Covered Auto caused by or resulting from a Covered Cause of Loss. This includes the rental of a reasonable substitute vehicle.

Definitions

"Business income" means:

1. Net income, which is gross income less operating expenses before income taxes, that would have been earned or incurred; and
2. Continuing normal operating expenses incurred, including payroll.

"Waiting Period" means:

1. Seven days after we have given you our agreement to pay for appraised repairs and you have given "Authorization of Repair" or
2. If you choose to wait, or use your vehicle for some period of time before authorizing repair, then "downtime" coverage will begin on the seventh day after the date on which you authorize those repairs which we had previously given our agreement to pay.

“Authorization of Repairs” means:

The insured’s signing of the work order at the repair facility or the time when repairs of the Covered Auto commence.

“Period of Restoration” means:

The period of time after the waiting period has been satisfied until the date when the Covered Auto has reasonably been scheduled to be repaired, rebuilt or replaced.

Exclusions

1. We will not pay for “Loss” arising out of any dishonest or illegal act, alone or in collusion with another by you, others under your employment or service or any person or persons to whom the property may be entrusted
2. We will not pay for “Downtime” for the period of time between the date of the “Loss” and our authorization to repair the vehicle.
3. “Period of Restoration” does not include any increased period required due to the enforcement of any ordinance or law that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of “Pollutants”

Other Insurance Provisions

In the event of other insurance for the same loss, the coverage provided by this Supplemental Coverage Endorsement will be excess over any other collectable insurance.

B. PERSONAL EFFECTS COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one loss subject to a property or effects of the insured. The property must be in the Covered Auto at the time of loss.

Exclusions

1. This coverage excludes “Loss” of the following:
 - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities.
 - b. Electronic equipment or tapes, records, discs or other similar audio visual or data electronic equipment.
 - c. Jewelry, watches, necklaces, bracelets or rings.
 - d. Precious metals and stones such as gems, gold, platinum and silver.
 - e. Furs.
 - f. Animals, birds or fish.
 - g. Motorized vehicles.
2. This coverage excludes “Loss” caused by the following:

Theft if, at the time of "Loss" the Covered Auto is unattended, unless the Loss is the result of forcible entry into such vehicle while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.

3. This coverage excludes:
Mysterious disappearance of the covered property. collusion, conversion, embezzlement, secretion or any other intentional loss to the covered property.

Other Insurance provisions

In the event of other insurance for the same coverage, the coverage provided by this *Supplemental Coverage Endorsement* will be excess over any other collectable insurance.

C. ELECTRONIC EQUIPMENT COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one loss subject to a \$250.00 deductible, for "Loss" to electronic equipment, including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual or data purposes. At the time of the "Loss" the equipment must be in or on the Covered Auto.

Exclusions

We will not pay for the following:

1. Equipment used to operate the Covered Auto
2. Radar detection devices.
3. Actual data, however maintained.
4. Facts, concepts or instructions converted to a form for use with electronic equipment.
5. The cost to reproduce or replace information placed on electronic equipment.
6. Loss because of theft if, at the time of "Loss" the covered auto is unattended, unless the loss is the result of forcible entry into such auto while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.
7. Loss due to mysterious disappearance of covered property.
8. Loss from collusion, conversion, embezzlement, secretion or any other intentional loss the covered equipment.
9. Any satellite, satellite equipment, speakers, stereo equipment, computers and computer equipment, monitors or televisions not permanently installed to the vehicle.

Other Insurance Provisions

In the event of other insurance for the same coverage, the coverage provided by this *Supplemental Coverage Endorsement* will be excess over any other collectable insurance.

D. TARPS, CHAINS AND BINDERS

We will pay for Loss of tarps, chains and binders owned by you and used in conjunction with the covered auto, subject to a separate Comprehensive or Specified Peril deductible of equal value as shown in your Truckers Coverage Form Declarations page.

E. SINGLE DEDUCTIBLE CLAUSE

You will pay the deductible stated in the Truckers Coverage Form Declarations page only once for damages to your tractor and trailer when both are insured by this policy and are damaged by the same covered cause of loss.

F. DIMINISHED DEDUCTIBLE

The deductible stated in the Truckers Coverage Form Declarations page will decrease 25% of the deductible amount at policy inception for every calendar year in which the insured does not have a loss until the deductible reaches \$0. The deductible will reset to the original amount as at policy inception when the insured has a loss.

COMMERCIAL LINES POLICY



THE OHIO SECURITY INSURANCE COMPANY

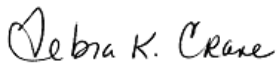
THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- COVERAGE FORMS
- APPLICABLE ENDORSEMENTS

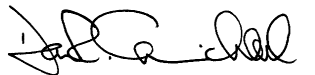
ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE

THE OHIO SECURITY INSURANCE COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Senior Vice President & Secretary



President & Chief Executive Officer

This endorsement changes the policy. Please read it carefully.

Effective Date of Endorsement:

Name of Insured:

Agent Code:

EXCLUSION OF NAMED DRIVER

It is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents, which occur while any automobile is being operated by

Name of Excluded Operator

Accepted _____
(Signature of Named Insured)

Accepted _____
(If married, Signature of Spouse)

Date _____

Signature of Agent

It is hereby agreed and understood that on Form CA 0012, under Section IV, PHYSICAL DAMAGE COVERAGE, Item C, Item 3. is added as follows:

Item C. LIMITS OF INSURANCE

3. Catastrophe Limit is added as follows:
 - (a) \$2,000,000 - Occurrence Limit
 - (b) \$2,000,000 - Aggregate Limit

TARPAULINS, CHAINS, AND BINDERS COVERAGES

POLICY NUMBER: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IN REGARDS TO FORM CA0012, SECTION IV, WE ARE ADDING ITEM A 5 AS SHOWN BELOW:

IT IS UNDERSTOOD AND AGREED THAT THE COVERAGES INDICATED ARE PROVIDED UP TO THE LIMIT SHOWN BELOW FOR TARPAULINS, CHAINS, AND BINDERS, OWNED BY YOU AND USED IN CONJUNCTION WITH THE DESCRIBED AUTO.

COVERAGES:

_____ COMPREHENSIVE
_____ SPECIFIED PERILS
_____ COLLISION

LIMIT: _____

DEDUCTIBLE: _____

ENDORSEMENT EFFECTIVE: _____ AT 12:01 A.M. STANDARD TIME

NAME INSURED: _____

COUNTERSIGNED BY: _____
(Authorized Representative)

MONTHLY REPORTING – PHYSICAL DAMAGE
(1/18TH)

The Earned Premium for all Comprehensive Physical Damage afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all Physical Damage will be determined by multiplying the total stated value by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total value of equipment at the agreed monthly rate.

It is understood and agreed that all units added the eighteenth (18) of the month and before will be billed for a full month's premium. All units added after the eighteenth (18) of the month will not be billed for the month they are added.

All units deleted the eighteenth (18) of the month and before will not be billed for the month in which they are deleted. All units deleted after the eighteenth (18) of the month will be billed for a full month's premium for the month in which they are deleted.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled values and adjustments caused by additions and deletions.

The deposit is equal to one month's premium, and is a non-working deposit.

<u>Premium Basis</u>	<u>Annual Rate</u>	<u>Audit Term</u>	<u>Premium</u>
\$			Estimated Annual \$
			Estimated Monthly \$

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time

and forms a part of Policy Number _____

issued to _____

MONTHLY REPORTING – LIABILITY

(1/18TH)

The Earned Premium for all Comprehensive Automobile Liability afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all Automobile Liability will be determined by multiplying the total number of units by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total value of equipment at the agreed monthly rate.

It is understood and agreed that all units added the eighteenth (18) of the month and before will be billed for a full month's premium. All units added after the eighteenth (18) of the month will not be billed for the month they are added.

All units deleted the eighteenth (18) of the month and before will not be billed for the month in which they are deleted. All units deleted after the eighteenth (18) of the month will be billed for a full month's premium for the month in which they are deleted.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled values and adjustments caused by additions and deletions.

The deposit is equal to one month's premium, and is a non-working deposit.

Premium Basis	Monthly		
<u>Per Unit</u>	<u>Rate</u>	<u>Audit Term</u>	<u>Premium</u>
	<u>Per Unit</u>		\$
			Estimated Annual
			\$
			Estimated Monthly

This endorsement is effective from _____ 12:01 A.M. Standard Time

and forms a part of Policy Number _____

issued to _____

TR 02 51 (04/01)

MONTHLY REPORTING – PHYSICAL DAMAGE
(1/END OF MONTH)

The Earned Premium for all Comprehensive Physical Damage afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all physical damage will be determined by multiplying the total stated value by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total value of equipment at the agreed monthly rate.

It is understood and agreed that all units listed as of the first day of the month and before will be billed for a full month's premium. All units deleted prior to the first day of the month will not be billed for the month.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled values and adjustments caused by additions and deletions.

<u>Premium Basis</u>	<u>Annual Rate</u>	<u>Audit Term</u>	<u>Premium</u>
\$		Monthly	\$ Estimated Annual \$ Estimated Monthly

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

MONTHLY REPORTING – LIABILITY
(1//END OF MONTH)

The Earned Premium for all Comprehensive Automobile Liability afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all Automobile Liability will be determined by multiplying the total number of units by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total number of units at the agreed monthly rate.

It is understood and agreed that all units listed as of the first day of the month and before will be billed for a full month's premium. All units deleted prior to the first day of the month will not be billed for the month.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled number of units and adjustments caused by additions and deletions.

Premium Basis	Monthly Rate		
Per Unit	<u>Per Unit</u>	<u>Audit Term</u>	<u>Premium</u>
			\$
			Estimated Annual
			\$
			Estimated Monthly

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time

and forms a part of Policy Number _____

issued to _____

MONTHLY REPORTING – PHYSICAL DAMAGE
(1/10TH)

The Earned Premium for all Comprehensive Physical Damage afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all physical damage will be determined by multiplying the total stated value by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total value of equipment at the agreed monthly rate.

It is hereby understood and agreed that all units listed as of the 1st day of the month and the 10th of the month will be billed for a full month's premium. Units deleted from the 11th day to the last day of the month will not be billed a premium for that month.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled values and adjustments caused by additions and deletions.

<u>Premium Basis</u>	<u>Annual Rate</u>	<u>Audit Term</u>	<u>Premium</u>
			\$
			Estimated Annual
			\$
			Estimated Monthly

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

MONTHLY REPORTING – LIABILITY

(1/10TH)

The Earned Premium for all Comprehensive Automobile Liability afforded under this policy shall be computed on the basis of the rates shown below.

The premium stated in the declaration is an estimated premium only. Upon expiration of each audit term, or termination of each policy, the earned premium for all Automobile Liability will be determined by multiplying the total number of units by the predetermined rate shown below.

If earned premium thus computed exceeds the estimated advance premium paid the named Insured shall pay the excess premium to the Company. If the earned premium is less than the estimated advance premium paid, the Company shall return the unearned premium to the named Insured. Final premium will be determined at audit.

The Insured will report all additions and deletions (to include the effective dates of additions and deletions) as they occur. Based on the monthly revisions, the agent will be billed the total number of units at the agreed monthly rate.

It is hereby understood and agreed that all units listed from the 1st day of the month to the 10th of the month will be billed for a full month's premium. Units listed from the 11th day to the last day of the month will not be billed a premium for that month.

The Insured will pay an advance premium at the inception of the policy and monthly installments based on scheduled number of units and adjustments caused by additions and deletions.

<u>Premium Basis</u>	<u>Monthly Rate</u>	<u>Audit Term</u>	<u>Premium</u>
<u>Per Unit</u>	<u>Per Unit</u>		
	\$		\$
			Estimated Annual
			\$
			Estimated Monthly

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

COMPOSITE RATE ENDORSEMENT

The Earned Premium for all Truckers Physical Damage coverage afforded by this policy has been computed on the basis of the rates shown below.

The Earned Premium for all additions and deletions of automobiles covered by this policy will be determined by multiplying the total of each \$100 of stated value by the rate shown below.

Premium Basis

Rate

Estimated Premium

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

TR 02 60 (4/01)

COMPOSITE RATE ENDORSEMENT

The Earned Premium for all Comprehensive Automobile Liability afforded by this policy shall be computed on the basis of the rates shown below.

The Earned Premium for all Automobile Liability will be determined by multiplying the total number of units by the predetermined rate shown below.

Premium Basis <u>Per Unit</u>	Annual Rate <u>Per Unit</u>	Estimated <u>Premium</u>
		\$ Estimated Annual

This endorsement is effective from _____ 12:01 A.M. Standard Time
and forms a part of Policy Number _____
issued to _____

GROSS RECEIPTS REPORTING ENDORSEMENT

1. The Named Insured represents that the estimated yearly Gross Receipts for the period to which this insurance applies is _____ .
2. Gross Receipts is defined as in ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS - LIABILITY COVERAGE OF THE TRUCKERS DECLARATIONS.
3. MAINTENANCE OF RECORDS - The Named Insured shall maintain a record of Gross Receipts during the policy period. This record shall be submitted to the Company monthly and at the end of the policy period. The Named Insured shall report to the Company by the fifteenth (15th) day of each month the Gross Receipts and payment for the preceding month.
4. EXAMINATION OF RECORDS - The Company through any authorized representative and at all reasonable times, shall be permitted to examine the books, records, and files of the Named Insured for purposes of determining any facts relating to this insurance.
5. PREMIUM - The earned premium for this insurance shall be computed monthly by applying the monthly rate of _____ per \$100 of Gross Receipts at the close of business on the last business day of each month.

As collateral for all premium due and owing to the Company for coverage under this and any other policies, the Named Insured will pay the company the sum of _____. This amount will be held by the Company on behalf of the Named Insured and refunded to the Named Insured less any monies owed to the Company at policy expiration. It is further agreed that the Named Insured will be given credit for said collateral when the full earned premium, during the life of the policy, is determined in accordance with the provisions of this endorsement.

It is agreed that this policy has an absolute minimum annual premium of _____. In the event of an audit, the Company shall be entitled to the annual minimum premium or actual premium, whichever is greater.

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
and forms a part of Policy Number _____
issued to _____

TR 02 65 (04/01)

MILEAGE REPORTING ENDORSEMENT

1. The Named Insured represents that the estimated yearly Mileage for the period to which this insurance applies is_____.
2. Mileage is defined as in ITEM SEVEN - SCHEDULE FOR MILEAGE - LIABILITY COVERAGE OF THE TRUCKERS DECLARATIONS.
3. MAINTENANCE OF RECORDS - The Named Insured shall maintain a record of Mileage during the policy period. This record shall be submitted to the Company monthly and at the end of the policy period. The Named Insured shall report to the Company by the fifteenth (15th) day of each month the Mileage and payment for the preceding month.
4. EXAMINATION OF RECORDS - The Company through any authorized representative and at all reasonable times, shall be permitted to examine the books, records, and files of the Named Insured for purposes of determining any facts relating to this insurance.
5. PREMIUM - The earned premium for this insurance shall be computed monthly by applying the monthly rate of _____ per 100 Miles at the close of business on the last business day of each month.

As collateral for all premium due and owing to the Company for coverage under this and any other policies, the Named Insured will pay the company the sum of _____. This amount will be held by the Company on behalf of the Named Insured and refunded to the Named Insured less any monies owed to the Company at policy expiration. It is further agreed that the Named Insured will be given credit for said collateral when the full earned premium, during the life of the policy, is determined in accordance with the provisions of this endorsement.

It is agreed that this policy has an absolute minimum annual premium of _____. In the event of an audit, the Company shall be entitled to the annual minimum premium or actual premium, whichever is greater.

This endorsement is effective from _____ 12:01 A.M. Eastern Standard Time
And forms a part of Policy Number _____ and is
issued to _____

POWER UNIT REPORTING ENDORSEMENT

1. **MAINTENANCE OF RECORDS** - The named insured shall maintain a record of power units during the policy period. This record shall be submitted to the Company monthly and at the end of the policy period. The Named Insured shall report the power units to the company by the fifteenth (15th) day of each month with payment for the preceding month. Any mid month additions or deletions must be reported to the company.
2. **EXAMINATION OF RECORDS** - The Company through any authorized representative and at all reasonable times, shall be permitted to examine the books, records and files of the Named Insured for purposes of determining any facts relating to this insurance.
3. **PREMIUM** - The earned premium for this insurance shall be computed monthly by applying the monthly rate of _____ per unit at the close of business on the last business day of each month.

As collateral for all premium due and owing to the Company for coverage under this and any other policies, the Named Insured will pay the Company the sum of _____. This amount will be held by the Company in behalf of the Named Insured and refunded to the Named Insured less any monies owed to the Company at policy expiration. It is further agreed that the Named Insured will be given due credit for said collateral when the full earned premium, during the life of the policy, is determined in accordance with the provisions of this endorsement.

It is agreed that this policy has an absolute minimum annual premium of _____. In the event of an audit, the Company shall be entitled to the annual minimum premium or actual premium whichever is greater.

This endorsement is effective from _____ 12:01 A.M. Eastern Standard

Time and forms a part of Policy number _____

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DRIVER LIMITATION ENDORSEMENT

It is hereby agreed that this insurance does not apply to any accident or loss caused by or in any way related to any auto being driven or operated by the person named below. This Driver Limitation Endorsement shall apply to the named insured and driver named herein and specifically includes, but is not limited to, any allegation(s) of negligent hiring, negligent supervision, negligent training, negligent entrustment, any public safety regulation(s) requiring payment on behalf of the Company and any claim(s) related to an employer/employee relationship, principal/agent relationship, and respondeat superior liability.

In Consideration of the issuance of this policy and the premium stipulated herein, it is understood as follows:

A. It is understood and agreed that:

1. No vehicles, either owned by, hired, leased, rented, borrowed, donated, or vehicles operated by or on behalf of the named insured, any other individuals, any organization, or entity, are covered under this policy while being operated by

(Name of Driver)

2. _____
(Name of Driver)
Shall not be a named insured, additional insured or insured under any term, definition or provision under this policy.

B. The named insured agrees to reimburse and indemnify the company for any payment(s) and cost(s), including attorneys fees made by the company on account of any accident, claim, or suit involving or in any way relating to a claimed injury allegedly caused while any auto is being driven or operated by the person named herein. The named insured specifically agrees to reimburse and indemnify the company for any and all payments made by the company on account of any accident, claim, or suit involving or in any way related to the operation of a motor vehicle by the driver named herein. This endorsement specifically includes, but is not limited to, any allegations of negligent hiring, negligent supervision, negligent training, negligent entrustment, any public safety regulations requiring payment on behalf of the company and all claims related to an employer/employee relationship, principal/agent relationship, and respondeat superior liability.

Policy Number: _____

Insured: _____
(Insured's Signature)

Effective Date: _____

Name of Driver: _____
(Driver Signature)

All other terms and conditions of this policy remain unchanged.

Issued to: _____ Policy No. _____

This endorsement effective _____

_____ Agent

TR 03 00 (4/01)

OHIO SECURITY INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

It is hereby agreed and understood trailer interchange is added to this policy. SYMBOL 48 applies. The following coverage applies with respects to trailer interchange legal liability.

MAXIMUM VALUE OF \$_____ PER TRAILER

SPECIFIED PERILS: Actual cash value, cost of repair or \$_____ whichever is less, minus \$_____ deductible for each covered trailer.

COLLISION: Actual cash value, cost of repair or \$_____ per trailer, whichever is less minus \$_____ deductible for each covered trailer.

ENDORSEMENT EFFECTIVE: _____ at 12:01 standard time.

NAMED INSURED:

COUNTERSIGNED BY: _____
(Authorized Representative)

TR 03 07 (01/07)

NOTICE OF REINSTATEMENT

DATE OF MAILING:

INSURANCE
COMPANY

PLACE OF MAILING:

POLICY NUMBER	TYPE OF POLICY
REINSTATEMENT EFFECTIVE DATE	12:01 AM Standard Time

You are hereby notified that your insurance has been REINSTATED at and from the hour and date mentioned above. There has been no lapse in coverage.

INSURED NAME AND ADDRESS

LIENHOLDER OR LOSS PAYEE

PRODUCER OF RECORD

This reinstatement applies only to the cancellation issued by Insurance Company and does not reinstate your insurance policy with respect to any cancellation which may have been issued by a premium finance company.

RI2 (04/01)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

**COMMERCIAL AUTO PHYSICAL DAMAGE
DEDUCTIBLE WAIVER**

It is agreed that a tractor and trailer damaged in the same collision or upset will be subject to only one deductible for both units subject to the following provisions:

- a. The collision deductible for both tractor and trailer involved is a minimum of \$500 per unit.
- b. The damage to each unit exceeds the deductible specified for that unit.
- c. The trailer is attached to the tractor at the time of the accident and both are owned by the same insured and insured in the same name.
- d. In the event the deductibles are not the same, the lesser deductible will be waived and the insured will pay the larger deductible.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

**TRUCKERS - INSURANCE FOR NON-TRUCKING USE
INDIVIDUAL POLICY**

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM

If this endorsement is shown as applicable to a covered auto described in ITEM THREE of the Declarations, LIABILITY INSURANCE. UNINSURED/UNDERINSURED MOTORISTS COVERAGE, AND ANY PERSONAL INJURY PROTECTION COVERAGE for the covered auto is changed as follows:

A. The following exclusions are added:

This insurance does not apply to:

1. A covered auto, or a temporary substitute, or any trailer attached to this auto when used to transport goods or merchandise for any purpose, business or other, or while such goods or merchandise are being loaded or unloaded; or
2. A covered auto, or a temporary substitute, or any trailer attached to this auto when being maintained or used (i) at the direction of, under the control of, under orders from, after being dispatched by, or in the business of any trucking company or lessee of such auto, or (ii) under any permit, authority or operating rights granted by any governmental agency to operate as a common or contract carrier including your own permit, authority or rights; or
3. A covered auto, or a temporary substitute, or any trailer attached to this auto when on a return trip to the place it is customarily garaged, or to a terminal or office of a party to whom it is rented, leased, or loaned, or to the home of the Named Insured, after having delivered goods or merchandise under direction, control, or dispatch to anyone other than the Named Insured under this policy; or
4. A covered auto, or a temporary substitute, or any trailer attached to this auto for which, at the time of the loss, there is not a valid, "long term lease" existing with a designated, certificated carrier covering that auto, unless 10 days or less have elapsed since termination of that lease or unless 10 days or less have elapsed since the date of acquisition of an otherwise covered auto you acquire after the policy begins. A "long term lease" agreement shall mean a written lease of not less than thirty (30) consecutive calendar days duration between the equipment owner (lessor) and the designated certificated carrier (lessee) and shall not mean a trip lease (single trip or duration less than thirty (30) days.) Such "long term lease" agreement must show exclusive possession, control and use of the described equipment by the lessee as well as date, time and duration of lease.

B. WHO IS INSURED does not include anyone engaged in the business of transporting property by auto for hire who is liable for your conduct.

C. PART 5. CONDITIONS is changed as follows:

B. OTHER INSURANCE – PRIMARY AND EXCESS INSURANCE PROVISIONS Item 5 is deleted in its entirety and replaced by:

- 1) All insurance provided by this policy shall be excess over any similar insurance available to you and applicable to a covered auto as primary insurance. We will pay that portion of any loss that is in excess of the applicable Limit of Liability of any other available insurance.

Copyright Insurance Services Office, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

MASTER POLICY ENDORSEMENT - ADDITIONAL DEFINITIONS

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM

It is agreed that the following terms and definitions apply to the policy.

NAMED INSURED: The term "Named Insured" shall apply individually and only to those persons or organizations that have leased autos to the certified carrier designated on the certificate under a valid, long term lease, and have accordingly been issued a certificate forming a part of the policy.

COVERED AUTOS: This insurance applies only to those autos scheduled in the certificate of insurance attached to and forming a part of this policy, and for which at the time of loss, there is a valid, long term lease existing with the designated certified carrier covering that auto, or no more than 10 days have elapsed since such long term lease has been terminated.

LONG TERM LEASE: A "long term lease" agreement shall mean a written lease of not less than thirty (30) consecutive calendar days duration between the equipment owner (lessor) and the designated certificated carrier (lessee) and shall not mean a trip lease (single trip or duration less than thirty (30) days. Such "long term lease" agreement must show exclusive possession, control and use of the described equipment by the lessee as well as date, time and duration of lease.

CANCELLATION AND/OR TERMINATION: As respects the named insured, the cancellation of this insurance shall coincide with the termination or cancellation of his/her/its long term lease agreement and on such basis shall be understood as falling within the definition of cancellation by the named insured. Cancellation as to any named insured can also be affected to the policy without cancellation of the policy in its entirety.

LIMITS OF LIABILITY: The limits of liability which apply to this policy are indicated on the individual named insured certificates which are attached to and made a part of this policy.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions or declarations of this policy other than as stated above and/or as indicated on the named insured certificate(s) of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

**TRUCKERS - INSURANCE FOR NON-TRUCKING USE
MASTER POLICY**

This endorsement modifies insurance provided under the following:
TRUCKERS COVERAGE FORM

If this endorsement is shown as applicable to a covered auto described in ITEM THREE of the Declarations, LIABILITY INSURANCE. UNINSURED/UNDERINSURED MOTORISTS COVERAGE, AND ANY PERSONAL INJURY PROTECTION COVERAGE for the covered auto is changed as follows:

A. This insurance provided in this policy shall apply only to a Lessor of the Trucking Firm in whose name a certificate has been issued and such insurance shall apply only to the covered auto described in such certificate.

B. The following exclusions are added:

This insurance does not apply to:

1. A covered auto or trailer when used to transport goods or merchandise for any purpose, business or other or while such goods or merchandise are being loaded or unloaded; or
2. A covered auto when being maintained or used (i) under orders from or after being dispatched by any trucking company or lessee of such auto, or (ii) under any permit, authority or operating rights granted by any governmental agency to operate as a common or contract carrier including your own permit, authority or rights.
3. A covered auto, or a temporary substitute, or any trailer attached to this auto when on a return trip to the place it is customarily garaged, or to a terminal or office of a party to whom it is rented, leased, or loaned, or to the home of the Named Insured, after having delivered goods or merchandise under direction, control, or dispatch to anyone other than the Named Insured under this policy.

C. WHO IS INSURED does not include anyone engaged in the business of transporting property by auto for hire who is liable for your conduct.

D. PART 5. CONDITIONS is changed as follows:

B. OTHER INSURANCE – PRIMARY AND EXCESS INSURANCE PROVISIONS Item 5 is deleted in its entirety and replaced by:

- 1) All insurance provided by this policy shall be excess over any similar insurance available to you and applicable to a covered auto as primary insurance. We will pay that portion of any loss that is in excess of the applicable Limit of Liability of any other available insurance.

Copyright Insurance Services Office, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

THEFT ENDORSEMENT - PHYSICAL DAMAGE

Paragraph 2, **OTHER EXCLUSIONS**, of the Physical Damage Coverage is amended to include the following:

- c. Under Theft Coverage, we will not pay for:
 - 1. loss or damage caused by any person or persons in the insured's household or in the insured's service or employment, whether the loss or damage occurs during the hours of such service or employment or not;
 - 2. loss suffered by the insured as the result of voluntarily parting with title or possession, whether or not induced so to do by any fraudulent scheme, trick device or false pretense;
 - 3. the wrongful conversion, embezzlement or secretion by a mortgagee, vendee, lessee or other person in lawful possession of the insured property under a mortgage, conditional sale, lease or other contract or agreement, whether written or verbal.
 - 4. The theft, robbery, pilferage or damage of tools, repair equipment, stakes, tarpaulins, chains or binders.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions or declarations of this policy other than as stated above and/or as indicated on the named insured certificate(s) of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

**SUPPLEMENTAL AUTOMOBILE COVERAGE - PHYSICAL DAMAGE
PART 1**

In consideration of the payment of premium, the Company agrees, subject to all of the terms, conditions and exclusions of the policy and in accordance with the supplemental coverage provisions in Part 2 of this endorsement, to modify coverage to also insure:

- I. Radio Equipment and/or Sound Reproducing or Recording Tapes.
- II. Personal Property
- III. Tarps, Chains and Binders
- IV. Downtime Protection

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

**SUPPLEMENTAL AUTOMOBILE COVERAGE - PHYSICAL DAMAGE
PART 2**

This endorsement modifies such insurance as is afforded by the provisions of the policy which are related to the Physical Damage coverages.

The following Coverage Option(s) apply when an "X" is indicated in the box.

☐

I. Radio Equipment and/or Sound Reproducing or Recording Tapes Insurance

- A.** The insurance afforded with respects to the Physical Damage Insurance Coverages applies to any sound receiving or transmitting equipment designed for use as a citizen's band radio, two way radio or telephone, or scanning monitor receiver, including any accessory and antenna as well as any tape, wire or record disc but only if such equipment is;
1. Owned by the Named Insured above; or
 2. Used by any other person while using the covered automobile hereunder insured with the permission and knowledge of the Named Insured; and
 3. At the time of loss or damage is in or upon the covered automobile.
- B.** This insurance does not apply to Theft Coverage:
1. If, at the time of loss, said automobile is unattended, unless the loss is the result of forcible entry into such vehicle while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.
 2. If committed by or at the direction of the Named Insured.
- C.** The limit of the Company's liability is subject to the following:
1. Radio equipment: \$200.00
 2. Tapes or discs: \$50.00
- D.** A deductible of \$25.00 per occurrence shall apply to each claim for loss under this coverage.

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II. Personal Property Insurance

- A.** The insurance afforded with respects to the Physical Damage Insurance Coverages applies to unscheduled personal property usual and/or incidental to the occupation of trucking, including but not limited to clothing, personal effects, and tools necessary for the maintenance and servicing of the covered automobile but only if such personal property is:
1. Owned by the Named Insured above; or
 2. Used by any other person while using the covered automobile hereunder insured with the permission and knowledge of the Named Insured; and
 3. At the time of loss or damage is in or upon the covered automobile.
- B.** This insurance does not apply to Theft Coverage:
1. If, at the time of loss, said automobile is unattended, unless the loss is the result of forcible entry into such vehicle while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry;
 2. If committed by or at the direction of the Named Insured;
 3. Of any credit card or loss by forgery or alteration of any check, draft, promissory note, bill of exchange or similar written promises, order or direction to pay a sum of certain money; or
 4. Of a precious or semi-precious stone from its setting.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

- C.** The limit of the Company's liability shall be as stated below and in no event to exceed \$500.00 in aggregate.
 - 1. \$100.00 in the aggregate on money, bullion, numismatic property and bank notes;
 - 2. \$200.00 in the aggregate for loss by theft of jewelry, watches, necklaces, bracelets, gems, gold, platinum, silver and furs.
- D.** Deductible of \$100.00 per occurrence shall apply to each claim for loss under this coverage.
- E.** This coverage excludes:
 - 1. Animals, birds or fish;
 - 2. Motorized vehicles;
 - 3. Property carried or held as samples or for sale or for delivery sale;
 - 4. Property which is separately described and specifically insured in whole or in part by this or any other valid and collectible insurance.

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III. Tarpaulin, Binders and Chains Insurance

- A.** The insurance afforded with respects to the Physical Damage Insurance Coverages applies to tarpaulins, chains and binders owned by the Named Insured.
- B.** The limit of the Underwriters' liability is \$400.00 in the aggregate.
- C.** A deductible of \$50.00 per occurrence shall apply to each claim for loss under this coverage.

☐

IV. Downtime Protection Insurance

- A.** The insurance afforded with respects to the Physical Damage Insurance Coverages applies when an automobile described below is withdrawn from service due to loss covered by the policy.
- B.** This insurance does not apply:
 - 1. For loss incurred during the initial forty-five (45) consecutive calendar days commencing either when the automobile(s) is withdrawn from service or the date notice of loss is received by the Company, whichever is later;
 - 2. When the damage sustained by the covered automobile equals the lesser of either the actual cash value of the covered automobile(s) at the time of loss or the limit of liability as set forth in the policy as applicable to the covered automobile(s).
 - 3. After the covered automobile is available to the Named Insured for return to service;
 - 4. For substitute automobile(s); and
 - 5. Unless the Named Insured shall have made written authorization for repair of the automobile(s).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Effective Date of Endorsement:

Name of Insured:

Agency Code:

- C.** The limit of the Company's liability shall not exceed the limit of liability as set forth for each automobile described below.

The per diem indemnity hereunder will be accumulated and benefits will be made at thirty (30) day intervals with final payment being pro-rated as necessary. The maximum period of indemnity shall not exceed ninety (90) calendar days.

Description of Automobile	Max. 30 Calendar Day Limit of Liability	Max. Insurance Amount
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This endorsement changes the policy. Please read it carefully.

Effective Date of Endorsement:

Name of Insured:

Agent Code:

**STATED LIMIT OF LIABILITY
Physical Damage**

In consideration of the premium charged, this policy has been issued on a Stated Limit of Liability basis. Item Three – Schedule of Autos You Own – Original Cost New is amended to read: Stated Limit of Liability.

If the amount of loss is less than the limit of liability stated in the declarations, then the company's liability shall be limited to the lesser of:

- a) The portion of the loss that the limit of liability of the vehicle bears to the actual cash value of the vehicle at time of loss or what it would cost to repair or replace such covered automobile or part thereof, with other of like kind and quality, with deduction for depreciation and/or betterment; or
- b) The actual cash value of the vehicle.

If the amount of loss exceeds the limit of liability stated in the declarations, the company shall have the right to declare the vehicle a total loss. The amount payable shall be the limit of liability, less the deductible, if any, stated in the declarations.

In the event of a total loss being paid hereunder on any unit such payment shall entitle the company to all salvage resulting after such loss.

Subject to all other terms and conditions of the policy.

Limit of Liability: **See Vehicle Schedule**

This endorsement is effective from X 12:01 A.M. Eastern Standard Time

and forms a part of Policy Number issued to

Certificate of Insurance

Policy #:
Certificate #:

Agent:

Insured:

Certificate Holder:
Address:

Effective Date:
Expiration Date:

Certificated Carrier to Whom Leased:

COVERAGES:	Limit	Monthly Premium	Tax & Surcharge
Non-Trucking Liability	\$	\$	\$
Uninsured Motorist	\$		
No-Fault (PIP)	\$		

This is to certify that policies of insurance listed above have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. These policies are available for inspection upon request at the offices of the agency shown above.

Forms and endorsements applicable to all Coverage Parts and made a part of this policy at time of issue: CA0012(10/01), IL0021(4/98), IL0017(11/98), PS2 (04/01) and any state specific form that is required by law.

Unit #	Year	Manufacturer/Description	Serial #
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Notice: No liability coverage is afforded when the described vehicles are:

1. Under carrier direction, control or dispatch.
2. Used to carry property for any reason.
3. Being operated or used in any racing or speed contest.
4. No longer under permanent lease and the lease has been terminated for more than 10 days.

Authorized Representative

Certificate of Insurance

Policy #:
Certificate #:

Agent:

Insured:

Certificate Holder:
Address:

Effective Date:
Expiration Date:

COVERAGES:	Deductible	Monthly Premium	KY Tax/Surcharge
Comprehensive	\$	\$	\$
Specified Perils	\$	\$	\$
Collision	\$		

This is to certify that policies of insurance listed above have been issued to the Insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. These policies are available for inspection upon request at the offices of the agency shown above.

Forms and endorsements applicable to all Coverage Parts and made a part of this policy at time of issue: CA0012(10/01), IL0021(4/98), CA 7007 (11/99), IL0017(11/98), PS2 (04/01) and any state specific form that is required by law.

Unit #	Year	Manufacturer/Description	Serial #	Stated Amnt
				\$

LOSS PAYABLE loss payee

LOSS PAYABLE CLAUSE

- A. We will pay you and the loss payee named in the policy for "loss" to a covered "auto", as interest may appear.
- B. The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C. We may cancel the policy as allowed by the CANCELLATION Common Policy Condition.

Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy we will mail you and the loss payee the same advance notice.
- D. If we make any payment to the loss payee, we will obtain their rights against any other party

Authorized Representative

<i>SERFF Tracking Number:</i>	<i>HCAS-125266001</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025849</i>
<i>Company Tracking Number:</i>	<i>CL20070065 - F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Comm Auto Strategic Form Filing</i>		
<i>Project Name/Number:</i>	<i>Comm Auto Strategic Form Filing/CL20070065 - F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HCAS-125266001	State:	Arkansas
Filing Company:	Ohio Security Insurance Company	State Tracking Number:	AR-PC-07-025849
Company Tracking Number:	CL20070065 - F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Comm Auto Strategic Form Filing		
Project Name/Number:	Comm Auto Strategic Form Filing/CL20070065 - F		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/22/2007
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Comments:

Attachments:

ARPCTD-1.forms.pdf
ARPCFFS-1.PG 1.pdf
ARPCFFS-1.pg 2.pdf
ARPCFFS-1.pg 3.pdf
ARPCFFS-1.pg 4.pdf
ARPCFFS-1.pg 5.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3.	Group Name	Group NAIC #		
4.	Company Name(s)	Domicile	NAIC #	FEIN #

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)				
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____			
14.	Effective Date(s) Requested	New:		Renewal:	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)	

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		